



Your Connection to Health and Nutrition Benefits

****Keep in mind that you do not need to mail this print-out to your local agency.****

Thank you for using ACCESS to renew your benefits!

TESTCCTESTRMB TESTCCTESTRMB, your online renewal has been sent to the following local agency on March 7, 2018 at 03:07 P.M.

Physical Address

Milwaukee Enrollment Services
2500 W MIFFLIN DR
MILWAUKEE WI 55216

Phone: 1-888-947-6583

Fax: (715) 799-4470

Mailing Address

Milwaukee Enrollment Services
PO BOX 411
W3236 WOLF RIVER DRIVE
KESHENA WI 54137

Your online renewal tracking number is 0701844906.

In your renewal, you have asked to renew these benefits:

- **Wisconsin Shares** Child Care

Next Steps

FoodShare:

You must complete an interview with a worker from your agency in order to get FoodShare benefits. You will get details about your FoodShare interview from your agency.

Health Care:

For BadgerCare Plus, Medicaid and Family Planning Only Services, a worker may contact you if he or she needs more information.

Wisconsin Shares Child Care:

For **help with Wisconsin Shares** Child Care, you **will need to talk to a worker by phone or in person.** If you are found eligible to get help paying for child care, you will need to talk with a **child care** authorization worker to select a provider and set up authorizations for your children to attend child care. You should do this before your children start going to child care.

Your agency may ask you to provide proof of some of the things you told us about on your renewal. If your worker asks for proof, you will need to mail, fax or bring it in within 10 days of when your worker asked for it. If you do not give the proof your worker asks for, your benefits may end.



If you cannot find something, your worker may be able to help you get the proof you need.

Renewal Summary

Household Information

Existing Contact Information

Where You Live	Mailing Address
PO BOX 05676 MILWAUKEE, WI, 53717 Milwaukee	
Contact Information	
Home Phone	
Work Phone	
Cell Phone	
Message Phone	
Best way to get in touch with you	
Phone Type (if Deaf or Hard of Hearing)	
Best time to get in touch with you	

Email Information

Person	Email Address	Get Email from Health Care Partners?	Get Letters Online?
TESTCCTESTRMB TESTCCTESTRMB		Not Asked	No

Existing People In Your Home



Who	Date of Birth	Gender	Marital Status	Language
TESTCCTESTRMB TESTCCTESTRMB Age: 40	01/01/1978	Female	Never Married	English
Programs Requested				
SSN	SSN Application Date	US Citizen?	Sponsor for an immigrant?	
050-54-5454		Yes		
Immigration Status	Have a Sponsor?	Sponsor Type	Sponsor Name	
Resident of WI?	Intends to reside in WI?	Migrant Farm Worker?	Where does he/she live?	
Yes	Yes	N/A		
Tribal Member	Eligible for Indian Health Services	Alien Registration or I-94 or SAVE Number		
Race and Ethnicity				

Who	Date of Birth	Gender	Marital Status	Language
KIDOD KIDOO Age: 6	01/01/2012	Female	Never Married	English
Programs Requested				
SSN	SSN Application Date	US Citizen?	Sponsor for an immigrant?	
054-55-4678		Yes	No	
Immigration Status	Have a Sponsor?	Sponsor Type	Sponsor Name	
Resident of WI?	Intends to reside in WI?	Migrant Farm Worker?	Where does he/she live?	
Yes	Yes	N/A		
Tribal Member	Eligible for Indian Health Services	Alien Registration or I-94 or SAVE Number		
Race and Ethnicity				

Existing School Enrollment Information

Who	Graduation Status	Date of Graduation	Enrollment Status	Type Of School
TESTCCTESTRMB TESTCCTESTRMB Age: 40			Not enrolled	

Electronic Signature Acknowledgement

I have agreed to submit this renewal by electronic means. By signing this renewal electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or alien status for each household member renewing benefits. I also certify that:



All Renewals

- I understand the questions and statements on this renewal.
- I have read and understand my Rights and Responsibilities.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits, and I authorize third parties to provide this proof.

Wisconsin Shares Child Care Renewals

Wisconsin Shares Child Care reporting requirements are different from other programs. I understand that to see what I must report, I should refer to my Child Care Notice of Eligibility or my Wisconsin Shares Parent Authorization Notice.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I understand that if I am applying for Wisconsin Shares Child Care, I may need to provide a signature.

✓ By checking this box and typing my name below, I am electronically signing my renewal.

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March 7, 2018 at 03:07 PM

Rights and Responsibilities

Please read the following information carefully. You can print a copy of your application/renewal on the next page, if you want a copy of this information.

Member Rights



Everyone applying for or getting FoodShare and health care has the right to:

- Be treated with respect by agency staff,
- Have your civil rights upheld,
- Have your private information kept private,
- Get an application or have the application/renewal mailed on the same day you ask for it,
- File an application/renewal on the day of initial contact,
- Get a decision about your application/renewal within 30 days of the day the agency getting it. If your application/renewal is received at the agency after 4:30 p.m. or on a weekend or holiday, the date of receipt will be the next business day. This includes paper and online applications/renewals,
- Get FoodShare benefits within 7 days of applying if you are in immediate need and qualify for faster service,
- Be told in advance if your benefits are going to be reduced or ended and the reason for the change,
- Ask the agency to explain anything in this application/renewal or other materials that you do not understand,
- Request a fair hearing if you disagree with any action of the agency,
- See the agency's records and files relating to you, except information obtained from a confidential source, and
- Ask for an interpreter or for information explained to you in your own language or for help, if you need help accessing our programs or need this material in a different format because of a disability.

As a health care applicant and member, you also have the right to:

- Emergency medical care and
- Remain enrolled even if temporarily absent from the state, as long as you are still a Wisconsin resident.

More information is in the Enrollment and Benefits Handbook, which will be mailed to you, or you can get it online at dhs.wisconsin.gov/em/customerhelp.

Fair Hearing

You have the right to a fair hearing, if you do not agree with any action taken regarding your application/renewal or your ongoing benefits. You may request a fair hearing by writing:

Department of Administration
Division of Hearing and Appeals
P.O. Box 7875
Madison, WI 53707-7875

You may also contact the agency where you applied and ask for help with filing a fair hearing request. For FoodShare, your agency can take your hearing request verbally.

For more information about Fair Hearings, see your Letter of Enrollment or your Enrollment and Benefits Handbook (P-00079). You will get a handbook in the mail or it is available online at dhs.wi.gov/em/customerhelp.

Member Responsibilities



REPORTING CHANGES

You can report changes online at access.wi.gov, by calling or visiting your agency, or by using the following forms to report changes by fax or mail:

Health Care change report form (BadgerCare Plus or Family Planning Only Services):

<https://www.dhs.wisconsin.gov/forms/f1/f10183.pdf>

Health Care change report form (Medicaid for the Elderly, Blind or Disabled):

<https://www.dhs.wisconsin.gov/forms/f1/f10137.pdf>

FoodShare change report form:

<https://www.dhs.wisconsin.gov/forms/f1/f16066.pdf>

FoodShare change report form (Elderly, Blind or Disabled households only):

<https://www.dhs.wisconsin.gov/forms/f1/f16006.pdf>

You must report to the agency any of the changes listed below:

Health Care: Report to the agency within 10 days any changes in:

- Income of any household member,
- Employment of any household member (beginning or ending, part time to full time),
- Address,
- Anyone moves in or out of your home, someone becomes pregnant or gives birth, someone gets married or divorced or your living arrangement changes (example: someone goes into a nursing home or other institution),
- Health insurance,
- Assets (only if your household receives Medicaid for Elderly, Blind or Disabled) and
- Housing bills, utility bills, medical expenses, or other allowable expenses (only if your household receives Medicaid for Elderly, Blind or Disabled).

Note: For Family Planning Only Services, you only need to report within 10 days, if:

- You move to a new address or out of state or
- Your living arrangement changes (example: incarceration.)

FoodShare Wisconsin: If all household members are age 60 or older, are blind or have a disability and no one has income from a job, you must report to your agency within 10 days:

- A new job,
- An increase in total child support income of more than \$100 per month,
- An increase in total Other Income of more than \$50 per month (examples of other income are Social Security, veterans benefits, retirement, child support, etc.),
- If a person moves in or out of your home,
- Any changes in your address and shelter costs, and/or
- Any change in the legal obligation to pay child support.



All other FoodShare members must report to the agency, by the 10th of the month after the change has happened, if the household's total gross monthly income exceeds 130% of the Federal Poverty Level (FPL) for the reported household size.

Time-limited FoodShare Benefits: Certain adults between the ages of 18 to 49 with no minor child in the home, who need to meet a work requirement, must report by the 10th of the month after the month when a change in work hours results in the number of hours falling below 80 hours per month.

Household size	130% FPL
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1	\$1,315
2	\$1,783
3	\$2,251
4	\$2,719
5	\$3,187
6	\$3,655
7	\$4,123
8	\$4,591
9	\$5,059
10	\$5,527

Additional Information

CHILD SUPPORT COOPERATION

You must cooperate with the Child Support Agency by helping to locate absent parents, legally naming the absent parent and/or enforcing child support orders if you are requesting health care benefits for a child with an absent parent. If you do not cooperate with the Child Support Agency without good cause, your benefits may be reduced or end.

WISCONSIN SHARES ASSET LIMIT

If your household has more than \$25,000 dollars of liquid assets, you must report this when applying for Wisconsin Shares Child Care. Examples of liquid assets include cash on hand or an asset that can be converted to cash without impacting the value within 31 days.

OTHER HEALTH CARE COVERAGE

As a condition of health care enrollment, you must report to the agency any third party who may be liable to pay for medical care for you and your family. You must cooperate by giving information as requested. This also includes any insurance that may be available through an absent parent or an employee's group health insurance.

Your enrollment in health care benefits gives the State the right to collect medical support payments for medical expenses that are covered by BadgerCare Plus and/or Medicaid. Medical support payments include those made under a court order and/or by an insurer.



The State has the right to use part of the medical support to pay back the cost of health care benefits you receive. The medical support payments kept by the state cannot be more than the total amount of health care benefits you receive through BadgerCare Plus and/or Medicaid. If you no longer receive health care benefits, the State has the right to collect medical support payments on past-due medical expenses that were covered by BadgerCare Plus and/or Medicaid.

DRUG FELONY/FLEEING FELONS

If you, or anyone in your household, apply for or get FoodShare benefits, you must report to the agency if anyone has been convicted of a drug felony for an offense that happened within the last 5 years. If you refuse to provide this information, you may be denied FoodShare benefits. If you have been convicted of a drug felony within the last 5 years and you are requesting FoodShare benefits, you must submit to a drug test. If a drug screen is positive, benefits will be reduced. If a drug screening is refused, your benefits may end.

Although fleeing felons and probation/parole violators are not able to get FoodShare benefits, their income and expenses may be used when determining the household's FoodShare enrollment and benefit amount. If a fleeing felon or probation/parole violator meets the terms and conditions of any outstanding warrants or probation/parole violations he or she may be able to receive FoodShare benefits.

OVERPAYMENTS

In some cases, you must pay back Medicaid/BadgerCare Plus for any benefits you got in error.

You must pay back any FoodShare payments you got in error. This is true if the error was your fault or the agency's fault.

If a FoodShare claim arises against your household, the information on this application/renewal may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

QUEST CARD AND PIN

- You are responsible for keeping your QUEST card and PIN safe.
- Any FoodShare account transaction made by you, an Authorized Buyer, Alternate Payee or by any other person you give your QUEST card and PIN is considered authorized and the benefits will not be replaced.
- You must report a lost or stolen card as soon as you can to QUEST Customer Service at 1-877-415-5164 or 711 (TTY).
- If your card is lost or stolen, FoodShare benefits will not be replaced for the time period between the loss or theft of your QUEST card and the time you report the loss or theft to QUEST Customer Service.
- Fraudulent or illegal use of your QUEST card may cause your FoodShare benefits to end or you may have to pay a fine and/or be put into prison or jail.

For more information on how to use your QUEST card, view the online video at:

<http://dhsmedia.wi.gov/main/Play/f14a2b194b7548e0aaaf67b321dfb3ae1d>



USE OF SOCIAL SECURITY NUMBER/PRIVACY STATEMENT

Personally identifiable information, including Social Security numbers (SSNs), will be used only for the direct administration of the FoodShare or health care programs in which you participate. Providing information on U.S. citizenship and SSN is voluntary; however any person who wants FoodShare or health care but does not provide this information will be denied benefits. Households receiving Child Care must provide SSNs for children receiving benefits but parents do not need to provide SSN if they do not have one. The collection of a SSN for each household member applying for or getting benefits is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. SSNs, as well as other information provided, are used for verification with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, School Lunch Program and Department of Transportation. SSNs are also used to check the identity of household members to prevent duplicate participation and to make sure the household meets enrollment rules.

If you are applying only for emergency services because of your immigration status, or you are a pregnant woman applying for BadgerCare Plus Prenatal Services, you do not need to provide SSN information. For a health care application/renewal, you do not need to provide an SSN or apply for one for your infant if you were enrolled in a health care program when you gave birth.

Your SSN will not be shared with the United States Citizenship and Immigration Services (USCIS).

COMPUTER CHECK VERIFICATION / COMPUTER MATCHING

Information collected on the application/renewal may be verified through computer matching programs and will also be used to monitor compliance with program rules and program management.

The Income and Eligibility Verification System and other computer matching are used to verify information with agencies such as the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. The agency may also submit this information to the United States Citizenship and Immigration Services and other agencies for verification.

The county or tribal agency, the state Department of Health Services or Department of Children and Families are authorized under Wisconsin law to request any information that is appropriate and necessary for the proper administration of programs. By applying, you are authorizing any person, including any financial institution, credit reporting agency, employer or educational institution, to release this information. This authorization remains in effect until your application/renewal is denied or your enrollment ends.

CITIZENSHIP

All people, living in your household who are applying for benefits, must be United States citizens, nationals or qualifying immigrants to get benefits. The immigration status of any person in your household who is applying for benefits will be verified with the United States Citizenship and Immigration Services (USCIS). Information from USCIS may affect your household's enrollment and benefit amount. Immigration status will not be verified with USCIS for people who are not applying for benefits, but their income and contributions may be counted.



RECOVERY OF HEALTH CARE

Wisconsin state law provides for the recovery of certain health care benefits you get while age 55 or older and residing in the community. With certain exceptions, the law also provides for the recovery of all health care benefits you get while you are a resident in a nursing home or an inpatient in a hospital for 30 days or more. A lien may be placed on your home for benefits you receive while in a nursing home if you are unlikely to return home and your spouse, minor or disabled child does not live in the home.

WORK REGISTRATION REQUIREMENT FOR INDIVIDUALS AGES 16 THROUGH 59

By signing this application/renewal, you have registered yourself and all persons included in your FoodShare group, unless otherwise exempt, for work.

All FoodShare members ages 16 through 59 must be registered for work unless they are considered exempt. A member will be registered for work when he or she is determined eligible for FoodShare, unless the member meets an exemption. A member may be considered exempt and may not need to register for work if any of the following apply:

- The member is younger than age 16 or older than age 59.
- The member is already working at least 30 hours per week (or getting weekly earnings that are equal to or more than 30 times the federal minimum hourly wage).
- The member is the primary caregiver for a dependent child under age 6 (whether the child lives in the home or out of the home). If two people have parental control of a child, only one of those people can be exempt from work registration as the primary caregiver of that child.
- The member is the primary caregiver for a person who cannot care for himself or herself (whether the person lives in the home or out of the home).
- The member is age 16 or 17 and is not listed as the primary person for his or her FoodShare group on the application.
- The member is age 16 or 17 and is the primary person in the FoodShare group, but is enrolled in school or in an employment and training program at least half-time.
- The member is regularly taking part in an alcohol or other drug abuse (AODA) treatment or rehabilitation program.
- The member is getting, or has applied for unemployment insurance.
- The member is enrolled at least half-time in a recognized school, training program, or institution of higher learning.
- The member is found to be unfit for work. This applies if:
 - The member is getting temporary or permanent disability benefits from the government or a private source.
 - The member is found to be physically or mentally unable to work by his or her agency.
 - The member is verified as unable to work by a statement from a health care professional or social worker.
- The member is enrolled in Wisconsin Works (W-2) and complying with the W-2 work requirement.

A member may need to provide proof to the agency if he or she meets one of these exemptions.

Note: Although registration for work is required, taking part in a work program is voluntary.

VOLUNTARY QUIT OF EMPLOYMENT

An applicant or member who is not exempt from the work registration requirement may lose benefits for one to six months if he or she voluntarily and without good cause does any of the following:

- Quits a job of 30 hours or more per week.
- Changes his or her work hours to less than 30 hours per week (or his or her weekly earnings change to less than 30 times the federal minimum wage).
- Turns down a suitable job.
- Does not meet the W-2 work requirements.
- Does not meet unemployment benefit work requirements.

If the individual has a good reason for the loss of employment or hours, there may be no loss of benefits. The agency will make a determination at the individual level.

WORK REQUIREMENT FOR ABLE-BODIED ADULTS AGES 18 THROUGH 49

Certain adults ages 18 through 49 with no minor children in the home may only get up to three months of time-limited FoodShare benefits in a 36-month period (three years) unless they meet the FoodShare work requirement. Participating in a work program such as the FoodShare Employment and Training Program (FSET) can help these individuals meet the work requirement. You will get more information about FSET once you are enrolled in FoodShare.

TIME LIMITED FOODSHARE BENEFITS

Certain adults ages 18 through 49 with no minor children in the home may only get up to 3 months of time-limited FoodShare benefits in a 36-month period (3 years) unless they meet the FoodShare work requirement. Participating in a work program such as the FoodShare Employment and Training Program (FSET) can help these individuals meet the work requirement. You will get more information about FSET once you are enrolled in FoodShare.



Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at <https://jobcenterofwisconsin.com/>. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.

FOODSHARE PENALTY WARNING

Any member of the household who intentionally breaks any of the following rules can be barred from FoodShare for 12 months after the first violation; 24 months after the second violation or for a first violation involving a controlled substance; and permanently for the third violation:

- Giving false information or hiding information to continue getting FoodShare benefits,
- Trading, selling, or altering FoodShare benefits,
- Using FoodShare benefits to buy non-food items, like alcohol or tobacco, or



- Using another person's FoodShare benefits, identification card or other documentation.

Depending on the value of the misused benefits, the individual can also be fined up to \$250,000 and/or imprisoned up to 20 years. A court can also bar an individual from the program for an additional 18 months. You will also be permanently barred if you are convicted of trading or selling FoodShare benefits of \$500 or more. You will not be able to get FoodShare benefits for 10 years if you are found to have made a false statement about your identity and where you live in order to get multiple benefits at the same time.

Any household member who has traded (bought or sold) benefits for a controlled substance will be barred from getting FoodShare benefits for a period of two years for the first violation and permanently for the second offense. Any household member who has traded (bought or sold) benefits for firearms, ammunition or explosives will be barred from getting FoodShare benefits permanently.

USDA Joint Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline](#)



[Numbers](#) (click the link for a listing of hotline numbers by State); found online at:

http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

Wisconsin Shares **Child Care** Acknowledgements

Wisconsin Shares **Child Care** Responsibilities, Rights and Penalties

Please read the following information carefully. Some of the Wisconsin Shares **Child Care** Responsibilities and Rights are different from other programs. We also suggest that you print out your application on the next page so you have a copy of this information.

By electronically or telephonically signing this application, I understand and agree to the following:

Parent Responsibilities

I authorize my **agency worker** to obtain information from third parties to verify my income, living circumstances, and need for child care.

I am responsible to pay **my** child care provider for any child care costs that are not paid by Wisconsin Shares, including:

- Unauthorized hours of child care.
- Costs not included in the child care price such as transportation, meals, registration fees, art supplies, diapers, etc.
- The difference between the Wisconsin Shares payment and the provider's price.
- Days and times **my** child is absent if **my** child care provider charges for **these** times



Parents Rights

I have the right to:

- Choose **my** own qualified child care provider, within limits set by law.
- Ask the agency worker to explain anything on this application or other materials that you do not understand.
- Be treated with respect by agency staff.
- Have **my** private information treated confidentially.
- Have **my** civil rights upheld.
- Request language or disability accommodations if needed to complete the application or review process.
- Have **my** application and verification fairly and accurately evaluated.
- Get timely notice of any additional information or verification **I** need to provide, appointments for phone or in-person interviews, and any decisions on **my** case.
- Request a fair hearing if **I** disagree with any action of the agency.

Acknowledgement of **Wisconsin Shares** Child Care Penalties

- I understand that I may have to pay back any Wisconsin Shares subsidy payments made on my behalf, if received by mistake or fraud regardless of who made the mistake.
- I understand that if I intentionally falsify, mislead, misrepresent or withhold information, misuse child care benefits, or intentionally violate state or federal child care laws, I may be denied child care benefits for:
 - 6 months for a 1st intentional program violation,
 - 12 months for a 2nd intentional program violation,
 - Permanently for a 3rd intentional program violation.
- I understand that if I provide false or misleading information or omit information in order to receive benefits to which I am not eligible or in excess of those to which I am eligible, I could be subject to criminal penalties.

Child Support Enforcement Application

- I understand that by applying for Wisconsin Shares, there will be a referral for child support enforcement services under the state title IV-D program.
- I understand that I must cooperate with the child support agency in establishing legal parentage for my child(ren) and in collecting child support from any absent parent. Additional information regarding child support services can be found at: <https://dcf.wisconsin.gov/cs/home> .

ACKNOWLEDGEMENT

By signing the application/renewal, you are authorizing your agency, the Wisconsin Department of Health Services, and the Wisconsin Department of Children and Families to request any information that is appropriate and necessary for the proper administration of the program under Wisconsin law. Any persons, including financial institutions, credit reporting agencies or educational institutions may release this information, unless it is prohibited or restricted by law. Your authorization remains in effect until 1) your application/renewal is denied, 2) your eligibility ends, or 3) you inform your agency in writing that you wish to end your authorization.

Also, your signature on the application/renewal means that you understand the questions and statements on this application/renewal form and the penalties for giving false information or breaking the rules. By signing the



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application/renewal, you are certifying, under penalty of perjury and false swearing, that all of your answers are correct and complete to the best of your knowledge, including information provided about the immigration and citizenship status of each household member applying for benefits. Also, you understand and agree to provide documents to prove what you have said.